

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent **10/523517**

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

7 TOTAL AMOUNT OF REFUND \$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 --

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ PHONE: _____

OFFICE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

ADJUSTMENT DATE: 07/08/2005 SHAJARU 00000047 PKIDWELL
02 FC:1632 500.00 CR 10523517

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B